

**CONFINED ANIMAL FEEDING OPERATIONS
Inspection Checklist**

General Information

Permit Number: _____ County/City: _____

Date of Permit Coverage: _____

Facility Name: _____

Owner/Operator: _____ Phone: _____

Address: _____

Other facility contact: _____ Phone: _____

Inspection Scheduled: ☐ Yes ☐ No

Inspection Announced: ☐ Yes ☐ No

Inspection Date/Time: _____ Photos / samples taken ☐ Yes ☐ No

Inspector: _____ Certification Number _____

Reviewed By/Date: _____

Others Present: _____

Type Livestock: Swine: ☐ Farrow ☐ Feeder ☐ Finish ☐ Sow/Farrow to Finish
☐ Poultry ☐ Dairy ☐ Beef ☐ Other _____

Number Confined: At Inspection _____ Reg. Statement _____ NMP _____

Number of Housing Units: _____

Construction Inspection Sheet: ☐ Previously Completed ☐ Attached ☐ N/A

DCR Training completed: ☐ Yes ☐ No Date: _____

Comments / General Summary

Inspection Summary Sheet

VPG or VPA Permit # _____

(This sheet should be sent with the inspection report and cover letter to summarize for the farm operator items that require corrective action and preventive measures (recommendations) to minimize potential problems.)

Items requiring action:	Corrective action needed:	Expected Completion Date:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Recommendations:
1.
2.
3.
4.

Comments:

Feeding and Waste Storage Facilities -- Swine

Perimeter of housing units clear of vegetation: ☐ Yes ☐ No

Evidence of leaks or overflow from housing units: ☐ Yes ☐ No

Which housing units? _____

Type of waste collection system: ☐ Pull Plug ☐ Recirculation ☐ Sump
☐ Flush gutter ☐ Floor Over Pit ☐ Other _____

Method of carcass disposal: ☐ Burial ☐ Incineration ☐ Rendering
☐ Composting ☐ Other _____

Type of waste storage facilities: ☐ Lagoon ☐ Pit ☐ Slurry Store
☐ Other _____

Observed Freeboard (in):

Storage #1 _____ Evidence of Overflow: ☐ Yes ☐ No

Storage #2 _____ Evidence of Overflow: ☐ Yes ☐ No

Storage #3 _____ Evidence of Overflow: ☐ Yes ☐ No

Adequate vegetative cover on earthen berms: ☐ Yes ☐ No ☐ N/A

Visible marker for max/min operating levels: ☐ Yes ☐ No ☐ N/A

Trees/brush on berm: ☐ Yes ☐ No ☐ N/A

Evidence of erosion on berm: ☐ Yes ☐ No ☐ N/A

Evidence of burrowing animals: ☐ Yes ☐ No ☐ N/A

General Condition of Feeding and Waste Storage Facilities:

Feeding and Waste Storage Facilities -- Poultry

Type of housing / operation: ☐ High-rise layer ☐ Floor litter (broiler/turkey)
 ☐ Layer/gutter ☐ Other _____

Type of waste collection: ☐ Cake removal ☐ Total litter removal
 ☐ Gutter/scrapper ☐ Belt system ☐ Other _____

Method of carcass disposal: ☐ Composting ☐ Incineration ☐ Rendering
 ☐ Daily Burial (Not Allowed By General Permit) ☐ Other _____

Type of waste storage facilities: ☐ Shed ☐ Pad ☐ Composting Shed
 ☐ Bunker ☐ Stacked Pile ☐ Other _____
 ☐ All waste transferred off the farm within 14 days of cleanout (below does not apply)

If built after Dec. 1, 2000, out of 100-yr floodplain? ☐ Yes ☐ No ☐ N/A
If no, built up and protected from floodwaters? ☐ Yes ☐ No ☐ N/A

Waste Storage Time > 14 days

Covered to protect from precipitation and wind ☐ Yes ☐ No
Evidence of water running onto or under waste ☐ Yes ☐ No
Impermeable barrier or 2 ft. separation to seasonal high water table ☐ Yes ☐ No
If no, 1 ft. between impermeable barrier and seasonal high water table ☐ Yes ☐ No

General Condition of Feeding and Waste Storage Facilities:

Feeding and Waste Storage Facilities -- Cattle (Dairy and/or Beef)

Silage storage present: ☐ Yes ☐ No

Discharge from silage storage: ☐ Yes ☐ No

Discharge entering state waters: ☐ Yes ☐ No

Perimeter of housing units clear of vegetation: ☐ Yes ☐ No ☐ N/A

Evidence of leaks or overflow from housing units: ☐ Yes ☐ No ☐ N/A

Which housing units? _____

Discharge or overflow entering state waters: ☐ Yes ☐ No ☐ N/A

Loafing Areas Present: ☐ Yes ☐ No

Denuded with potential impact to State Waters: ☐ Yes ☐ No ☐ N/A

Type of Waste Collection System: ☐ Pull Plug ☐ Flush ☐ Sump
☐ Scrape ☐ Floor Over Pit ☐ Other _____

Method of carcass disposal: ☐ Burial ☐ Incineration ☐ Rendering
☐ Composting ☐ Other _____

Type of waste storage facilities (check all that apply): ☐ Earthen Storage ☐ Dry Stack
☐ Slurry Store ☐ Tank (parlor water) ☐ Concrete Pit ☐ Other _____

Visible marker for max/min operating levels: ☐ Yes ☐ No ☐ N/A

Observed Freeboard (in):

Storage #1 _____ Evidence of Overflow: ☐ Yes ☐ No

Storage #2 _____ Evidence of Overflow: ☐ Yes ☐ No

Adequate vegetative cover on earthen berms: ☐ Yes ☐ No ☐ N/A

Visible marker for max/min operating levels: ☐ Yes ☐ No ☐ N/A

Trees/brush on berm: ☐ Yes ☐ No ☐ N/A

Evidence of erosion on berm: ☐ Yes ☐ No ☐ N/A

Evidence of burrowing animals: ☐ Yes ☐ No ☐ N/A

Condition of Feeding and Waste Storage Facilities:

Monitoring Requirements

WASTE

Monitored in accordance with required frequency: ☐ Yes ☐ No Freq. _____

Sample(s) Collected By: _____

Analyzed by: _____ Date(s): _____

Proper Composite Sample Collected: ☐ Yes ☐ No

Waste analyses attached: ☐ Yes ☐ No

Waste Nutrient Value (N - P₂O₅ - K₂O):

Type: _____

Surface Application: _____ (lbs./1000gals ; lbs./ton)

Incorporation: _____ (lbs./1000gals ; lbs./ton)

Type: _____

Surface Application: _____ (lbs./1000gals ; lbs./ton)

Incorporation: _____ (lbs./1000gals ; lbs./ton)

Type: _____

Surface Application: _____ (lbs./1000gals ; lbs./ton)

Incorporation: _____ (lbs./1000gals ; lbs./ton)

SOILS

Monitored in accordance with required frequency: ☐ Yes ☐ No Freq. _____

Sample(s) Collected By: _____

Analyzed By: _____ Date: _____

Proper Compositing Protocol Used: ☐ Yes ☐ No

Samples Collected from each Field: ☐ Yes ☐ No

Are pHs in Agronomic Range for Intended Crops: ☐ Yes ☐ No

GROUNDWATER ☐ Required - Complete Groundwater Monitoring Sheet ☐ N/A

Water Withdrawal Reporting: ☐ Yes ☐ No
☐ N/A (unknown animal usage or < 10,000gpd)

Comments:

Nutrient Management Plan (NMP)

NMP Approval Date: _____

Planner: _____

Phone: _____

Copy of Approved NMP Available: ☐ Yes ☐ No

Is NMP Current (update 1/3 years): ☐ Yes ☐ No

(1/5 yrs. for some waste transfer only plans)

NMP Animal Units Exceeded: ☐ Yes ☐ No

Plan type : ☐ N-based ☐ P-based ☐ Waste Transfer only (following sections N/A)

Application Equipment O&M Manuals Available: ☐ Yes ☐ No ☐ N/A (Custom Applicator)

Waste Application Method: ☐ Traveling Gun ☐ Solid Set ☐ Center Pivot

☐ Liquid Spreader ☐ Dry Manure Spreader ☐ Other _____

Date of Last Calibration: _____

Method of Calibration: _____

Field Application Records Maintained: ☐ Yes ☐ No

Following information provided in records:

Date(s) Applied: ☐ Yes ☐ No

Rate(s) Applied: ☐ Yes ☐ No

Crop: ☐ Yes ☐ No

Incorporation & type: ☐ Yes ☐ No

Supp. Fert. Applied: ☐ Yes ☐ No ☐ N/A

Lime Applied: ☐ Yes ☐ No ☐ N/A

Applications comply with seasonal spreading schedule: ☐ Yes ☐ No

Land application performed on targeted fields: ☐ Yes ☐ No

If no, adjustments made according to NMP Standards & Criteria ☐ Yes ☐ No

NMP Application Notes Followed: ☐ Yes ☐ No ☐ N/A

(Maximum application rates, cutting schedule, etc.)

Yields In Approximate Range Provided by NMP: ☐ Yes ☐ No

Compliance with Other NMP Conditions: ☐ Yes ☐ No ☐ N/A

Comments:

Application Field Data Sheet
(Use one sheet for each field inspected)

NRCS Tract #: _____ Field #: _____
Field Name: _____ Gross Acres: _____ Usable Acres: _____

Crop - Current: _____ Previous: _____ Next: _____
Crop Condition: ☐ Poor ☐ Average ☐ Good ☐ N/A (Harvested)
Crops Harvested and Utilized ☐ Yes ☐ No ☐ N/A (Cover crop)

Application Rate based on: ☐ Long term average ☐ Most recent analysis

Date	Rate / ac	Amount applied	Incorporation: Yes (time) / No

Total Amount Applied to field _____ (1000's gals. ; tons)
Waste Nutrient Value: _____ (lbs./1000gals ; lbs./ton)
Nutrients from Waste (lbs./ac): _____
Supplemental Nutrients (lbs./ac): _____
Total Nutrients to Field (lbs./ac): _____
NMP Allowable Loading (lbs./ac): _____

Field Conditions

Evidence of Buffers Breached by Waste: ☐ Yes ☐ No
Evidence of Runoff/Erosion: ☐ Yes ☐ No

Comments:

Application Field Data Sheet

(Use one sheet for each field inspected)

NRCS Tract #: _____ Field #: _____
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Supplemental Nutrients (lbs./ac): _____
Total Nutrients to Field (lbs./ac): _____
NMP Allowable Loading (lbs./ac): _____

Field Conditions

Evidence of Buffers Breached by Waste: ☐ Yes ☐ No

Evidence of Runoff/Erosion: ☐ Yes ☐ No

Comments:

GROUNDWATER MONITORING SHEET

Date Last Sampled: _____

Sample Collected By: _____

Analyzed By: _____

Proper Sample Preservation Used: ☐ Yes ☐ No

Proper Sample Protocol Used: ☐ Yes ☐ No

(static water level measured prior to bailing)

(three well volumes withdrawn prior to sampling)

One Upgradient, One Downgradient Wells Present: ☐ Yes ☐ No

pH Analysis Performed On-site: ☐ Yes ☐ No

Monitoring results attached: ☐ Yes ☐ No (see below)

Well Number	1	2	3 (if present)
(up/downgradient)	_____	_____	_____
Static Water Level (ft)	_____	_____	_____
Ammonia Nitrogen (mg/l)	_____	_____	_____
Nitrate Nitrogen (mg/l)	_____	_____	_____
pH (SU)	_____	_____	_____
Conductivity (umhos/cm)	_____	_____	_____

Comments:

CAFO Construction Inspection Sheet

VPG Permit No. _____

The following information is required to verify compliance with the requirements of the CAFO General Permit Regulation 9 VAC 25-192-00 and § 62.1-44.17:1 of the Code of Virginia. This information pertains to the siting, design, construction and operation of earthen waste storage facilities.

Certification

Lagoon Liner Type: ☐ Clay ☐ Synthetic
Liner Permeability greater than 0.0014 in/hr: ☐ Yes ☐ No
Lagoon Siting outside 100yr flood plain: ☐ Yes ☐ No
Inundation Protected: ☐ Yes ☐ No ☐ N/A

As built Volumes: ☐ Treatment
☐ Storage
☐ Storm event (25yr-24hr)

Certification By: ☐ Professional Engineer _____
☐ NRCS Employee _____
☐ No Documentation
☐ Improper Documentation

Design/Operation

Notification provided 14 days prior to receiving animals: ☐ Yes ☐ No
Waste placed in lagoon at time of inspection: ☐ Yes ☐ No
Lagoon properly charged (1/2 treatment vol. or 6 ft.): ☐ Yes ☐ No
Appropriate storm water diversions around berm: ☐ Yes ☐ No
Visible waste level marker installed: ☐ Yes ☐ No ☐ N/A
Groundwater wells installed and baseline sampling: ☐ Yes ☐ No ☐ N/A
Waste pipe diffuser installed: ☐ Yes ☐ No ☐ N/A

Depth to Seasonal Water Table > 1.0 ft. below lagoon bottom: ☐ Yes ☐ No ☐ Unknown

Method Used to Determine Seasonal Water Table Elevation: ☐ Soil Boring/Test pit
☐ Soil Survey
☐ Other _____

Comments:

Poultry Waste Tracking and Accounting Sheet

VPG Permit No. _____

This sheet, or a copy of the grower's poultry waste transfer record sheet, may be used to track poultry waste transfers.

[illegible]